PLEASE WEITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

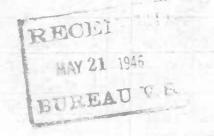
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# 2411 N. Charles St., Baltimore 93

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CERTIFI	C	A	TE	OF	DE	ATL

MARYLAND STATE DEPARTMENT OF HEALTH

	Reg. Dist. No			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cliy or town Clf outside city or town limits, write RURAL NEAR and give town)  Sireel address, hospital, or institution  Act Company of the c	City or lown Ceced Ward No (If ontside city or town limits, write RURAL NEAR and giva town Sireet No.	(:		
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)			
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR			
3. (a) FULL NAME  Millie B. B	lack 3. (b) Social Security Num	ber		
4. Sex    5. Color or race   6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 15 18-10-11	740 at 740		
6 (b) Name of husband or wife	21. FGERTIFY that death occurred of the date above stated; that I attended deceased to	1946		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one,day	and that I last saw had allye on	OURATION		
73 ahrsmin.	My ocarditio 32	vak.		
9. Birthplace (Town, county, and state)  10. Usual occupation	Due to Chronic arthribs 24	Jeans		
11. Industry or business	Que to			
12. Name fines J. Watto 13. Birthplace Md.	Other conditions			
14. Malden name Martha J. Learce		PHYSICIAN		
16. Informant J. W. Black	the dea	Please underline e cause to which aih should be arged statisti-		
Address becal for med.	of Butopsy	13.		
(Burial, cremation, or removal. Which?),  Date thereof May 8 46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide———————————————————————————————————			
Cemetery or crematory Occupation Connection	Where did injury occur?———————————————————————————————————	ate)		
18, Funeral director Edward Fellows	Injured et home, farm, Industry, public place (where?)			
Address Millington hed.	the was put			
19. May 16 1946 JAJuazer (Date regid by registrar)  (Date regid by registrar)	23. SIGNATURE M. D. or oth  M. D. or oth  Address less planet M. D. or oth	16/41		



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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

04738

	TE OF DEATH  Reg. Dist. No. 90
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants, give residence of mother)  State County County Ward No.  (If outside city or town limits, write RURAL NEAR and give town)  Street No.
Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	(If rural give LOCATION)  2(0) IF VETERAN, NAME WAR
3. (a) FULL NAME James P. Bo	13. (b) Social Security Number
4. Sex   5. Color for race   6.(a) Single, married, widowed, or divorced   1. Willowed	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. 19. 46, pt 3
6 (b) Name of husband or wife	21. LCERTIFY that death occurred on the date above stated; that I ettended deceased from
8. AGE: Years Months Days If less than one day	Immediatorcanse of death DURAT 2 lag.
9. Birthplace Carly (Town, county, and state)  10. Usual occupation Retrieve Farmer	Due to Juleusa Cardio Vrank seek
11. Industry or business  12. Name Slorge Bolton  13. Birthplace	Other conditions
14. Malden name Benutta Ruley 15. Birthplace	(Include pregnancy within 3 months of death)  Major findings:  Of operations Please ur the cause the death should be a second or the cause that the cause the
16. Informant agrico I de la factoria del la factoria de la factoria del la factoria de la factoria del la factoria de la factoria de la factoria de la factoria de la factoria del l	Of autopsy charged sta cally.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlat, cremation, or removal, Which?)  Date thereof (month) (day) (year)  Cemetery or crematory (company)	Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)
18. Funeral director Edward Fellows:	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
Address Millington, Mo.  19. Date ree'd by registrar)  Refistrar	23. SIGNATURE AND ONE M. D. or other

RECEIVED

MAY 25 1946

BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

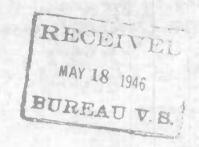
2411 N. Charles St., Baltimore 1640

### CERTIFICATE OF DEATH

1	,			a	3/
PR.	Reg.	Diat.	No.		

114739

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or tewn. (If outside city or town limits, write RUBAL and give nearest town)	State County Cou
How long in above place of death?	(If outside city or town limits, write RURAL and give hearest town)  Street No
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Condrey lo loha	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Philips married	MEDICAL CERTIFICATION  20, DATE OF DEATH 20, 19 4.6, at 11 P. M.
6.(6) Name of husband or wife & peffer loharshee	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Communication (Communication)	and that I last saw halive on
8. AGE: Years Months Days If less than one dayhrsmin.	Impediate cause of death which willed
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	Due to
11. Industry or business  12. Name A arry H le arra:  13. Birthplace Bayrey nd.	Other conditions
# 14. Malden name araly Ellen momin	(Include prognancy within 8 months of death)  Major findings of operations.
15. Birthplace Stanlow Oll.	Dats of op.
Address Elle Melle Md.	Autopsy results
17. Burial Date thereof May // 1946 (Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicides.
Cemetery or crematory Cherry Hill Centery	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director. T. W. Pippin	Means of Injury 22 Parget Cisto Injured at work?
Address Elkton manyland	23. SIGNATURE LE DI CLOS MAD, or other
19 May 19 18 4 6 FR Francisco Registrar	Addres Rescuig Sun Manate signes 110-46



### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 correct CERTIFICAT 1. PLACE OF DEATHY Tegibly. The County..... (If ontside city or town limits, write RURAL and give nearest town) ly every item of information carefully. Write the causes of death clearly and 1 Row long in above place of death?.... Hospital, Institution, or street address where death occurred; 3. (a) FULL NAME 4. Sex MARGIN RESERVED FOR BINDING B.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) UNFADING INK. Supply ant. Physicians: please wr Immediate cause of death Months 8. AGE: If less than one day .hrs. 9. Birthplace..... 10. Usual occupation 11. Industry or business WITH UNF important. 13. Birthplace 14. Malden na 15. Birthplace 14. Malden name especially PLAINLY, 16. Informant. Address (month) (day) (year) (Burial, eremation, or removal, Which? Where did injury occur? ..... (City or town) WRITE Cemetery or crematory Injured at home, farm, Industry, public place (where?) ...... Means of Injury 1B. Funeral director. PLEASE Address Registrar (Dato ree'd by registrar)

E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOM (For newborn infants give resident)	ence of mother)
City or town (17 outside city or tow	n limits, write RURAL and give nearest town)
Street No. (If run	al, give LOCATION)
2.(a) If veteran, name war	
Chaut	3. (b) Social Security Number 288-01-8348
MEDICA	L CERTIFICATION
20. DATE OF DEATH May	20 1946, 1910
21. I CERTIFY that death occurred of the	date above stated: that I attended deceased from

DURATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please anderline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following;

(County)

Injured at work?

RECEIVED MAY 25 1946 BUREAU V.B.

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimure 940

### CERTIFICATE OF DEATH

City or town Andrew County Cou	State. Maryland County.  City or town. Baltimore.  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rnrst, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number		
HARTLEY, William McKinley	5. (v) Social Security Humber		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male W Widower	20. DATE OF DEATH		
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  December 9 19.32 to May 17 19/46		
deceased (mo., day, yr.) September 11, 1896	Immediate cause of death DURATION		
8. AGE: Years   Moaths   Days   If less than one day	Disease of the heart, coronary arter- iosclerosis with myocardial damage over 13		
9. Birthplace Bloomington, 11d. (Town, county, and state)	Due to		
10. Usual occupationLaborer	Bue to.		
11. Industry or business			
12. Name William Hartley.  13. Birthplace Ohio  14. Malden name Margaret Young  15. Birthplace Unknown	type (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
16. Informant Hospital Records	Autopsy results		
Address Veterans Administration, Perry Point, Md  Removal  Bate thereof 5-17-46 (Burial, cremation, or removal. Which?)  Cemetery of crematory Nethkin Hill Cemetery  Location Elk Coarden, W. Wa.  18. Funeral director	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Address Havre de Graco, Md.  19. (Dete rec'd by registrar)  Registrar	23. SIGNATURE & COLLEGE DIRECTORY OF THE STORY OF THE STO		



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-77

### CERTIFICATE OF DEATH

04743 Reg. Dist. No.

1. PLACE OF DEATR:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborninfants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
(If outside city or town limits, write RURAL and give hearest town)	City or town (If ontside city or town limits, write RURAL and give nearest town)
How tong in above place of death?	
	Street No
Row long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME,	3. (b) Social Security Number
Herman Burch and	· Hilyard 5. (6) Social Security Humber
4. Sea   5. Color or race   6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Hute muried	20. DATE OF DEATH May 14 19.46 11 4 02 m
6.(b) Name of husband or wife. I was the start of the same of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 49. years	
7. Birth date of ( - 1/1 . 2 2 . ( 6 2 )	and that I last saw haltve on
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediate cause of death.
6. Add. (=)	
00 7 00 min.	
8. Birthplace (Towns county, and state)	Due to
10. Usual occupation. The Characteristics	Due to
11. Industry or business	
12. Name. Killing State Co Letter Co	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name amil Ounding.  15. Birthplace ween Gun Co ma.	Major findings of operations
15. Birthplace ween won co ma.	Date of op.
and Paster Hilyand	Autopsy results.
16, Informani	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Caronical III	22. VIOLENCE: tt death was degto external causes, till in the following:
(Burial, cremation, or removal, Which)  Date thereot (morth) (day) (year)	Accident, suicide, or homicide Dulled Date of Date of Date of
(Burial, cremation, or response, which)	Where did injury occur? (City or town) (Coguty) (State)
Cemetery or crematory Mumphilips	6/ 0
Location Municipality	tolured at home, farm, lodustry, public place (where?)
18. Funeral director. Callward Hellans	Means of Injury Color of the Anjured at work?  Medical Examiner
Address Millington, And. D.	23. SIGNATURE COUNTY
1.5-17 146 Jabinus Juntos	Mr D, or other
19. (Date ree'd by registrar)  Registrar	Address Date signed D. J. D. Will

RECEIVED
MAY 22 1946
BUREAU V B.

### MARYLAND STATE DEPARTMENT OF HEALTH

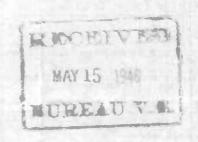
2411 N. Charles St., Baltimore Rico



### CERTIFICATE OF DEATH

(14744 Reg. Dist. No. 94

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboper) of onts give residence of mother)
County	State County County
City or town (If outside city or town limits, write RURAL and give nearest town)	no the East Dural.
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME George Forederin	le Kennedy, 208-22-3196
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Rule married	20. DATE OF DEATH MAY 10 1946 at 530 0 m
6.(b) Name of husband or with navy E. Kennedy.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) tt alive, give age	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Yesra   Months   Days   It less than one day	Immediate crase of death
55 6 10min.	
Pari Dan gad.	In & Celli
9. Sirthplace (Town, coupty, and state)	Due to.
18. Usual occupation	Due 10
11. Industry or bosiness	
= 12. Name Strum   Vermedy:	Other coeditions.
12. Hame Levello M. C.	(Inclode pregnancy within 3 moeths of death)
14. Baiden name Mary attains non	
14. Baiden name Mary Ottobisson  15. Birthplace Cecil Co Sull'	Major findings of operations
With Willand	Antopey results.
16. Informant 100 11 Cole at 100 a mile	PIIYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address / Col Col Color Color of Miles	22. VIOLENCE: It death was dye jo external causes, fill In the following:
(Borial, cremation, or removal. Which?)  Date thereot	Accident, suicide, or homicide.
Cemetery or crematory Carratery - Bethul	Where did injury occur? (City or town) (Cooty) (State)
not English	Injured at home, tarm, industry, poblic place (where?)
Location	Means of topp 11 le De- dust Tuy Injured at work?
18. Funeral director	O O O O O O O O O O O O O O O O O O O
Address Y Huth Just Y Vol	23. SIGNATURE LE NO CLAON PUR Cocil County
19. John 19 46 Jalia & Owens Registrar	Address Plany Sun Mate signed 5/11-46



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 187-60

### CERTIFICATE OF DEATH

(4745 92 Reg. Dist. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Marilland alland
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? a denfe.	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
JANAN JAPANAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Weland V.	awrence.
5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Maly white hidowed.	20. DATE OF DEATH. 5/15 19/6 et 6 4 A M
6.(b) Name of husband or wife Hally Steller January	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5/13 19/6, to 5/15
7. Birth date of	and that I fast saw h. At alive on
deceased (mo., day, yr.)  R AGE: Years   Mooths   Days   If less than one day	Immediate cause of death
10 1 0 1 0 6 -	- Andrews - Andr
04 81 27	llerema 3days
9. Birthplace Illy well all Ill	Due to
9. Birthplace (Town, confty, and state)	Chines tiffethery of probable 4 months.
10. Usual occupation	Due to
11. Industry or business / W August	
12. Name of Addition & Surveyel	Other coeditions
13. Birthelace	Retentin y cesure -
14 Maidea namellary A : Muchful.	(Include programmer within 8 months of death)
[5] a 1:0 00 (11:0)	Major findings of operations
3 15. Birthplace 10 10 .	Date of op.
16. Informant	Autopsy results
Address Chrypell, Will.	
17 will pate thereof W. W. 17 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory A Mary Classification	Where did injury occur?
Location Texas well year Sural	Injured at home, farm, industry, public place (whera?)
XII Co Coffice 19 4 VI	Means of Injury Injured at work?
18. Funeral director	
Address May ville, May	23. SIGNATURE M. D. or other
(Date rec'd W recistrar)  (Date rec'd W recistrar)	M. D. or other
(Date rec'd) y registrar) Registrar	Address Data signed J

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2411 N. Charles St., Baltimore 18-2

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M	The correct age
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	m of information carefully. The
DING	of
110	m

1. PLACE OF DEATH:

3. (a) FULL NAME

Male

7. Rirlh date of

8. AGE:

deceased (mo., day, yr.)

19. Usual occupation... 11. Industry or business

15. Birthplace

Location

Years

50

5. Color or race

Months

White

4. Sex

Veterans Administration Perry Poin
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 14 Trs. 2 mo. 11 da. Hospilal, Institution, or street address where death occurred: Veterans Administration, Perry Point, Md. How long in hospital or institution? 14 yrs. 2 mo. 11 da.

> MAGUIRE, Jeremiah 6.(a) Single, married, widowed, or divorced

> > Single

If less than one day

5-7-46 (month) (day) (year)

February 28, 1896

Baltimore, Md. (Town, county, and state)

12 Name Andrew Maguire

Address Veterans Administration Perry Point.

Cemetery or cromalory New Cathedral Cemetery

Date thereof.....

13. Birthplace County Cork. Ireland

14. Malden name margaret Dec Ireland

Baltimbremd.

16 Informant Hospital Records

Kemoval
(Burial, cremation, or removal, Which?)

CERTIFICATE

City or town	3. (b) Social Security Number  RTIFICATION  19. 46. 211:06. P. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46. 19. 46.
City or town	AVENUE OCATION)  3. (b) Social Security Number  RTIFICATION  19.46. at 1:06. P. stated: that I attended deceased from 10.46. 19.46.
MEDICAL CEI  20. DATE DF DEATH	AVENUE OCATION)  3. (b) Social Security Number  RTIFICATION  19.46. at 1:06. P. stated; that I attended deceased from 19.46. 19.46.
(If rural, give L. 2.(a) If veteran, name war	3. (b) Social Security Number  RTIFICATION  19.46at 1:06P.  stated: that I attended deceased from  10
MEDICAL CEI  20. DATE DF DEATH	3. (b) Social Security Number  RTIFICATION  19.46
MEDICAL CEI  20. DATE DE DEATH	RTIFICATION  19.46. at 1:06. P. at 1:06. P
20. DATE DF DEATH	stated; that I attended deceased from to May 7 19.46
21. I CERTIFY that death occurred on the date above 2-26-32	stated; that I attended deceased from
2-26-32 19and that I last saw h im alive on may full Immediate cause of death	19.46
2-26-32 19and that I last saw h im alive on may full Immediate cause of death	19.46
and that I last saw h im alive on its last saw h important saw h impo	19.46
Immediate cause of death	
Tuberculosis, pulmona	rv. far
	1 yr.
Due to	
Due to	
Other conditions Dementia Preco	15 kme
(luclude pregnancy within 3 mo	ontha of death)
Major findings of operations	
***************************************	
Autopsy results	ch death should be charged statistically.
22. VIOLENCE: If death was due to external cause	es, fill in the following;
Accident, suicide, or homicide	Dale of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (who	re?)
Mesns of Injury — A	injured at work?

every it ADING INK. Supp Physicians: please important. especially PLAINLY, is especially PLEASE WRITE

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M	ARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 9407

# CERTIFICATE OF DEATH

04747

	63-	
Reg. Diat.	No. 92	0

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
Coonty	(For newborn infants giversidence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County County
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	
Bells Love	Street No
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
William Henry M	Cassey !
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	212-14-3563
	MEDICAL CERTIFICATION
M. Cal widows of	20. DATE OF DEATH MELLY 3 1946, 215 364 M
6.(6) Name of husband or wife. Mealy Massey	21. I CERTIFY that death occurred on the date above stated: Ihal I allended deceased from
	19
7. Birth date of 7.60 If alive, give age years	and that I fast saw halive on
deceased (mo., day, yr.) Inch 15 1892	Immediate cause of death DURATION
8. AGE: Years Mooths Days II lass than one day	CLEILLE
54 2 16hrsmin.	10171120 Bill
& Richard Duray north Carolina	
8. Birthplace	Bue 10.
10, Usual occupation. Jacobse	
11. Industry or business	Due lo
El 1/2-1 722 - 124	
E	Dther conditions
3 13. Birthplace / with Carolina	(Include pregnancy within 3 months of death)
= 14. Maiden name Flora Spear	
15. Birthodace north Carolica	Major findings of operations
Rel marin	
10. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Engan North Caroline	
17 Kembral Date thereof like 3 46	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Massay Country	Where did lojury occur?
Tocation During North Carolina	Injured at home, larm, industry, public place (where?)
74 WP: 45.	Means of Injury Injured at work?
18. Fuoeral director.	(1) (2) (Medical Examiner
Address Electore Tred	1 / July the lack to
Jane 3 Ma FRI	231 8(GNATURE COCCUENT) M. D. or other
(Date rec'd by registrar)	Address Classin & Sim Mala signe 6731-46

JUN 6 1946 BUREAU V.B.

Company of the second

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4900

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Cily or town	State County County
How long In above place of death?	City or town
Hospital, institution, or street address where death occurred	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Bertha May Mc	Dowell 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widoweb or divorced	MEDICAL CERTIFICATION
Temple white Widowed	20. DATE OF DEATH May 27 1946 21
Mela Smela	21. LCERTIFY that death occurred on the ovice above stated; that I attended deceased from
6.(b) Name of husband or wife 1000000000000000000000000000000000000	November 1 19 45 to man 27 19 46
7. Birth dale of	and that I last saw h 28 also on Men 26 1966
deceased (mo., day, yr.) July + 189	Immediate cause of death . I almanding DURATION
8. AGE: Years Months Days It less than one day	Carcinona / Vamille
54 . 10 ,23hrsmin.	Rt upper lobe.
9. Birthplace Principus Caril G. Md	Due to
Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name De Jane  13. Birthplace Wandows	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Mary C Canlo	
14. Maiden name Mary C Canlos  15. Birthplace Madulund	Major findings of operations.  Date of op.
7. me 12-10	Autopsy results.
16. Informani	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Your Last 120 170	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buris), cremation, or removal, Whish?)  Date thereof. (morth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Catholic	Where did injury occur?
50 Pat . M. O	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funerat director pase of Control	meens of injury
Address Worth Salk, And	103. (Lotinen M. D.
	23. SIGNATURE
10 MALL 29 10 46 ZIMM Marial	M.D. or other -40

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BUREAU V S.

..... years

Connecticut

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)

- DIAGRAD DELETE

County Cecil	AIN:			
	nhridge M	haelvre		
			URAL and give nearest	town)
How long in above place	e of death?	days	***************************************	
			Bainbridge,	Md.
	or Institution?14			73.1.04 <b>4</b>
3. (a) FULL NAM				
			1.	
MC KEL	ON, Jr. Joh	10 JOS	e pn , married, widowed, or divo	orced
M	W			
. Ni	1A.	S		
B.(b) Name of husband	or wife		,	
		8.(c	t) It alive, give age	
7. Birth date of deceased (mo., day,	April	18, 19	28	•
8. AGE: Year		Days	It less than one day	
18	0	23	hrs	mlr
10. Usual occupation.  11. Industry or busine			n Sr.	************
13. Birthplace	Unknown			
	Mary 1	c Keon		
14. Malden name 15. Birthplace	Unknow		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Z 15. Birthplace	Now Ho	nni t a l		
Da-	S. Nav. Ho: inbridge, l		A	
Address	mor rage,	ica yatem	)	10.1
	of removal, Which?		(plonth) (day)	(year)
	lory Consi			
Location	Vew Paven,	Conn.		
1B. Funeral director	los Ca	C. PZA	or oblass	NA
Address Pe	erryville,	Maryla	nd	
10 200	(3 19 Y 6	- ch	ED	-
(Date rec'n by r	egistrar)	1000	The formation of the first of t	R gistra

City or town New London (If outside city or town limits,	, write RURAL and give nearest town)
Street No. 105 Lombard St	LOCATION)
2.(a) If veteran, name war. World	War(two)
	3. (b) Social Security Number
MEDICAL CE	ERTIFICATION
20, DATE OF DEATH 11 MAY	19.461.4.503
21. I CERTIFY that death occurred on the date about	ve stated; that I attended deceased from
	, to
and that I last sawHimalive on5	
Immediate cause of death Uremie,	
Pulmonary edema and	i Congestion 2 wks
Oue to Acute Glomerlo-Ne	phritis 2 Mks.
	***************************************
Due to Acute Mitral Val	Lvulitis 2 11ks
Other conditions	
(Include pregnancy within 3 m	nonths of death)
Major fiadiogs of operationsNone	2
Autopsy results Above: Clinica PHYSICIAN: Please moderline the cause to wh	al& Autopsy fingings
22. VIOLENCE: If death was due to external cause	
Accident, suicide, or homicideNone	Date of
Where did injury occur?	
injured at home, farm, industry, public place (wh	nere?) None
Means of Injury Abne	tnjured at work?
· U homes (1- A	lanck

Beistrar VAddress U.S.N.H. Bainbridge, Nd. Date signed 5-11-46



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1752

# CERTIFICATE OF DEATH

(!475() ;. Dist. No.....

Reg. Dist. No.....

1. PLACE OF I	DEATH:		2. USUAL RESIDENCE (HOME) 0 (For newborn infaots give residence of	F DECEASED:
County	ATNERTOGE		State MARYLAND County CECIL	
Uity or town	If outside city or town li	nits, write RURAL and give nearest town)	City or town BAINBRIDGE VILLAGE (If outside city or town limits, write RURAL and give nearest town)	
		A th		
	or street address where the Bldg. 91/1.	Rainbridge Village	Street No. BLOG. 914, ADT.	4
		And the territory of the state	(If rural, give	
3. (a) FULL NA			Z.(b) it veteran, name war	
		VIII		3. (b) Social Security Number
4. Sex	ennis Welch	6.(a)Single, married, widowed, or divorced		
Male	White	STOTOGER, MANUAL MEANUE, OF BITOLOGS		ERTIFICATION
Ware	Mutre		20. DATE OF DEATH MAY 1/4	19.46.94:30 P.M
6.(b) Name of husba	and or wife. None		21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decaased from
		E (c) the place gard was a	did not see	
		6.(c) thalive, give ageyears	and that Place your h. J.M. alive Xax.	19
deceased (mo., de	ay, yr.) <u>Februar</u> ears   Months	Days   If less than one day	Immediate caose of death	DURATION
8. AGE: Yo	3	10	Asphyxiation	***************************************
9. Birthplace	Bainbridge (Town,	o, Maryland	Bueta Aspiration of vomi curds while in crib	ited milk
	01		cards will a rin crip	arra o cerided
			Pronounced dead by Lt	Comdr Paul
11. Industry or busi		James, S2/c	Stuck at Bainbridge	/illage
E 12. Home	Providence,		Other conditions Baby brought t	IS Naval Hosp. Bainbridge s Lailed
13. Birthplace		ingeld Seppanen	(Iociode pregnancy within 8 m	nonths of death)
14. Malden nat	TILKKE SI	rugera Seppanen	Major findings of operations	
\$ 15. Sirthplace	Findland			Bate of op
16. tnformant	L. J. Miller		Actorey results 5-15-46 - Con:	firmed Diagnosis
	Bainbridge V	Village	PHYSICIAN: Please onderline the cause to wh	nich death should be charged statistically.
Address 3	wind.	11/1/14/10/1	22. VIOLENCE: If death was due to external cau	ses, fill in the tollowing:
(Burial, cremat	ion, or removal. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date ot
Cometery or crem	natural Vest la	stlinghouse	Where did injury occur?	(Coonty) (State)
6	Dalaka	Tud Pulal,		here?)
Location	1990	Millian	Means of Injury	Injured at work?
18. Funeral directo	Lell W.	MIMILIAN A STA	(D) (1-D) 1	O Medical Examiner
Address	Cerry	all, Will.	Alltock	On Miles Cocil County
Sne.	17/141	Draw E. Dinglat	23. SIGNATURE	M. D. or other
(Date rec's by	registrar) /18 4/C	Acegistrer	Address Rusing Sill	C/149. Date signed 5/15-46

MAY 18 1946
BUREAU V. S.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (376)

### CERTIFICATE OF DEATH

14701 92 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
	City or town.
Now long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Junior Grapital	Street No.
- // -//	(If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	WEDIGHT GERMEIGHTION
F. Wh. Morried	MEDICAL CERTIFICATION  20. DATE OF DEATH STORY 25 19 46 at 1030 G
C. B. man +	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	111111111111111111111111111111111111111
7. Birth date of Syears	5 - 0 4
deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months (1) Days   If less than one day	Immediate cause of death DURATION
-2-35 F	
9. Birthplace (Town, county, and state)	Due to Carlo Mile Land Carlo
(Town, county, and state)	July-linua
10. Usual occupation.	Due to.
11. Industry or business	
12 Hama Mukeowa	Ditter conditions
12. Name	
M A A A A A	(Include pregnancy within 8 months of death)
E 14. Malden name.	Major findings of operations.
15. Birthplace Lithuania	Date of op.
auna Skuplika	
Address 3637 Rostle Perug & Phila Pa	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 0 m e/11	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (dey) (year)	Accident, suicide, or homicide
Cemetery or crematory Phildelphia	Where did injury occur?
ochiciely of cionalos)	
Location Finds	Injured at home, farm, Industry, public place (where?)
18. Funeral director. H. W. Tappin	Means of Injury Injured at work?
Address Electon, md	Il fewodsen held
24. 3-5 71/7	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)  (Registrar	Address War Grand 3/25 4
(Date 100 a all registration)	11 Audi Case algued

JUN 4 1946
BUREAU V.E

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (226)

04752 Reg. Diat. No.....

96

### CERTIFICATE OF DEATH

1. PLACE OF DEA	CHATT			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
Veterans Administration Perry Point Md.			0 m 0 m 0		
City or town. (If outside city or town limits, write RURAL and give nearest town)		City or town New Orleans			
Now long in above place Hospital, institution, or	ot death?	S. 18	days		
			ital, Perry Point	Street No. 1322 Felici	
How long in hospital or	Institution? San	10 25 2	bove	2.(a) If veteran, name war.	V
3. (a) FULL NAME		N. W. I. I. W. I.		The state of the s	3. (b) Social Security Number
J. (G) I ULLI HAME		MURP	HY, John H. Jr.		-
4. Sex	5. Color or race	6.(a) Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male	White		Single		1946 4:55 A
7 Birth date of	*********************	6.(c	e) It alive, give ageyear	and that I last saw h. i.M. alive on May.	
deceased (mo., day, y	r.) Janu	ary 1.	1897	Immediate cause of death	
8. AGE: Years		Days	It less than one day	Intestinal obstruction	4 hrs.
49	1 4	21	hrsmin		
9. Birthpiace	Hew Or]	eans	To tate)	. Bus toForeign body (clo	th) Unknown
1D. Usual occupation				Pura de	
11. Industry or busines				Bue to	
001		Samphar		Other conditions Dementia Pre	cox, Hebe-
13. Birthplace	County Do	7 0		mhannin time	25 3500
				(Include pregnancy within 3 m	
14. Malden name.		<b></b>	***************************************	Major hudings of operations	as above
E 15, Birthplace	New Orles	ins, La			Date of op. May 21, 1946
16. InformantHO.S.	ital Recor	ds	***************************************	Autopsy results. Not performed PHYSICIAN: Please underline the cause to wh	sich death should be charged statistically.
Address Voto	rans Admi:	istrat	ion Perry Point l		
			eot 5=22-46 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation	, or removal, Which				
Cemetery or cremato	St. Jo	sepn's	Cemetery	Where did injury occur?(City or town)	
Location New	Orleans,	Louisia	na	Injured at home, farm, Industry, public place (wh	
18. Funeral director	Lun	-sten	den	Means of Injury	injured at work?
I'	ennington	a Jon,	· q	1. A.Z/10000	On a gent
		eds, I	c n	3. SIGNATURE	The M. D. or other
19. Date rec'd by re	2 2 19 5 gistrar)	16 =	Registra	ding for the lanager	Date signed 5-23-46

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MAY 25 1946

BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 175-6

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6 1	13	0	20	~
6 1	Seep.	-6	27	3
11	ell's	-		

### CERTIFICATE OF DEATH

I	Or	DEATH		Reg. Dist. No.
	2. USUA	L RESIDENCE (HON newborn infants give resid	AE) OF DE	CEASED:
	State	My in	County	LOUIS.
	City or tow			RURAL and give nonrest town)
	Street No			
		(If rus	ral, give LOCA	ITION)
	2.(a)  1 ve	teran, name war		
_			10	(1) 0 . 10 11 1

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	and. Oneil
City or town (If outside city or town limits write RURAL and give nearest town)	State
(If offende city of town limits white RORAL and give nearest town)	City or town. (If ontside city of town limits, write RURAL and give nearest town)
How long in above place of death?  Hospital, lestitution, or street address where death occurred:	(If ontside city of town limits, write ItUKAL and give ngarest town)
Mospilar, resiliation, or street address while beautiful solution.	Street No
The state of the s	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) I1 veteran, name war
3. (a) FULL NAME Westley helso	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m col Single.	20, DATE OF DEATH May 21 1946 et 11.25 1
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of deceased (mo., day, yr.) May 15 1899	and that I last saw halive on
8. AGE: Years   Mooths   Days   t1 tess than one day	Immediate cause at death DURATION
1/7 6	Tyrace of John Jan Janger
7-7  hrsmlo.	of about of tra auna con
9. Birtholace West Ca	ouch Herenverhage from
(Town, county, and state)	lagrel of mirelale
10. Usual occupation. Laborer	Peal Pacel outtons.
	Due 10
11. Industry or business	
E 12 Name Treasures, Celebra	Other conditions
13. Birthplace no reformation	
E no intermedia	(Include pregnancy within 3 months of death)
E 14. Maideo name	Major findings of uperstions
15. Birthpiace no suformation	Daje of on
Sarah Butter	Autopsy resulte Frank of shell of leng
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address the aparte they (1 N) Ma	22. VIOLENCE: It death was dug to external causes, fill in the following:
17 Buryl Oate thereof MASS 25 th /46	11 10 1011. T 101-116
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homiciale
Cometery or crematory. Denne	Where did injury occur? (City or town) (County) (State)
Location Wear Chargeake City, Ind	Injured at home, farm, industry, public place (where?)
1/1/P: 1.	Means of Murel Link . Injured at work? See .
18. Funeral director	(1) (2) Medic 1-xaining
Address Cleton, me.	IN SO MITTERON MINISI County
h 11 7-117	23. SIGNATURE. M. D. or other
19. May 73 19.46 Il Israga	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Dato rec'd/by registrar) Registrar	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15,

RECEIVED MAY 28 1946 BUREAU V B.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

	Reg. Diat. No/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State That shipland County Citt
How tong in above place of death?	City or town
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME CONTROL EU. Oldhami	3. (b) Social Security Number  220-09-00-57
4. Sex 5. Cofor or race 6.(a) Single, married, wildowed, or divorced  W. W	MEDICAL CERTIFICATION  20. DATE DE DEATH May 3/ 19/6 21 8:309
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov. 29: 1886	and that I last saw halive on
8. AGE: Years Moothe Bays If less than one day	Thrombones f
9. Birthplace Collins (Town, county, and state)	Due to Précrie selerous 3 yss.
10. Usual occupation Doblett folk	Due to
11. Industry or business  12. Name Royal Adhase  13. Birthplace MA:	Dther conditions
8 M-11 90 4 115 MO. 1	(Include pregnancy within 8 mouths of death)
14. Maideo name	Major findings of operations
18. Informant Misson Telesse Office and	Autopsy results
Address Date thereof 2000 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, sutcide, or homicide
Cemetery or eremetery Adda Adda	Where did injury occur?
Location Algebras	Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director Caldal Made	141/2Pa
19. (Date rec'd by registrar)  Address  (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Adden State State State Signed 5// 45

JUN 5 1946
BUREAU V S.



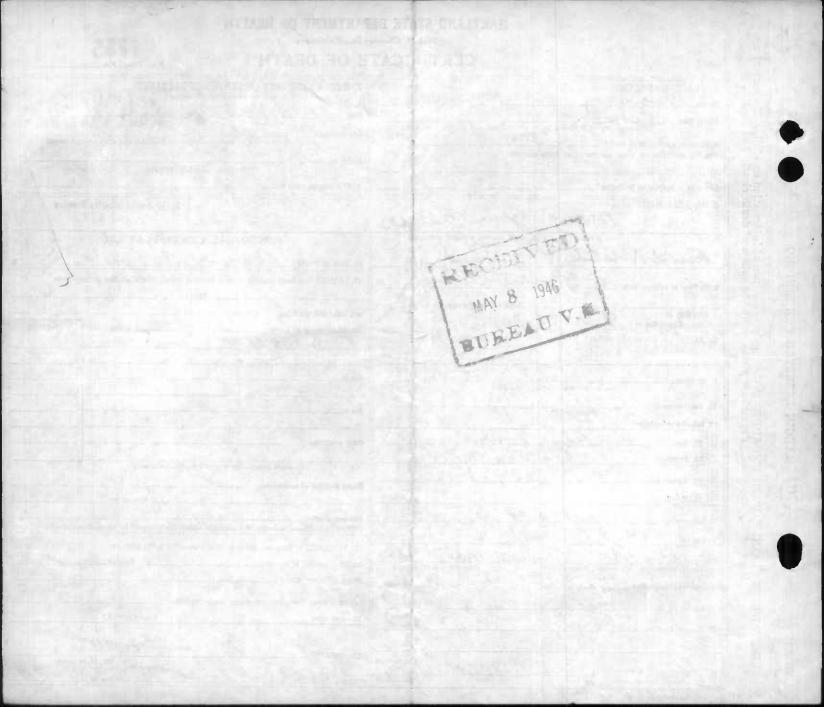
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

## CERTIFICATE OF DEATH

(!4755 95 Reg. Dist. No. 95

1. PLACE OF DEATHO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	m. l leavel
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Class
(If outside city of town limits, write ROARD and give hearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Streel No
How long to hospital or Institution?	
3. (a) FULL NAME	
mary Jone Pierce	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white wishound	20, DATE OF DEATH Pray 4 1946 21 60
S.(b) Name of husband or WITE. Robert Pierce	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
T. Sirth date of	and that I last saw hallve on19
deceased (ma, day, yr.) Clup. 15,1865	Immediate capse of death DURATION
8. AGE: Years   Months V   Days   If less than one day	Mialille
80 9 19mi	in. Coma.
9. Birthplace Cecil Co. Md.	
9. Birthplace	
10. Osual occupation.	
19ona Pe	Dus to
11. Industry or business	
12. Name William Coulson  13. Birthplace Cecil & Mdx	Bither conditions
₹ 13. Birthplace Cecil & . md	(Include pregnancy within 8 months of death)
14. Maiden name	
201	Major findings of operations
A) 13. Birmpiace	Date of op.
16, lo formant Mrs Street Tiley	Antopsy results
Address Colore md.	
17 Buriol Bate thereof May 7, 194	22. V10LENCE: If death was due to external causes, fill in the following:
(Bnrial, cremation, or removal, Whiteh)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematery Westnottinglan Cometa	Where did injury occur? (City or town) (Connty) (State)
CO Bard	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director. Salph m Steed	Means of injury injured at work?
Address Piscing See Mo	1 / NO WOODS MIN
n o was	23. SIGNATUE
19 May 1- 18 46 ZAMMonmal	on Wiping See no 57600
(Date recki by registrer)	Pare signed.
mours 1-1 00	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-2)

04756

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CERTIFIC	CATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Siale County City or town City or town limits, write RURAL and give nearest town)  Sireel No. (If rurai, giva LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME  Anna Pr	3. (b) Social Security Number
4. Sen Lundo 5. tolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 15 1946 at 530
8. (6) Name of husband or wife    6. (c) If alive, give age    7. Birth date of deceased (mo., day, yr.)    8. AGE: Years    Months    Days    If less than one day	and that I last saw h a salive on 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace Chesofeske Cety May low (Town, county, and atate)  10. Usual occupation. House wefs	Due to.
11. Industry or business  12. Name	Other conditions (Include programmy within 8 months of death)
14. Maiden name Seconce Rhooks 15. Birthpiace No suforwalin	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
16. Informant  Address Chesofeok Ety Mo  17. Burial  Date Thereof May 14/59	Antopsy results.  PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory. Bethel Country  Localion Chesofrest Ch. 12 D. M.	Accident, suicide, or homicide
18. Funeral director It. C. Pippina Address Elkton Brid	Means of Injury Injured at work?  A SIGNATURE & Harryon Miles
(Date rec'd by registrar)  19 Mac (Date rec'd by registrar)	fully B + 18 1 2 1 1 M. D. or other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

MARGIN RESERVED FOR BINDING

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MAY 22 1946

BUREAU V B

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



#### CERTIFICATE OF DEATH

04757

Reg. Dist. No....

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give repidence of mother)  State  (if ontside city or town limits, write RURAL and give nearest town)  Street No  (if rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME	
John Nittenhouse	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Willows (6 yrs)	MEDICAL CERTIFICATION 6,15  20. DATE OF DEATH. MAY 17 15 19 6 11 15 M
8.(6) Name of husband or wife Connie Rute	21.4 CERTIFY that death occurred on the date above stated; for patiented deceased from
7. Birth date of	and that I last saw harmalive on May 17 14 15 19
deceased (mo., day, yr.) Months Bays If less than one day	Immediate canad of death.  DURATION  DURATION
8 3/ 9hrsmin.	well giles ling- anter- flerel about
9. Birthplace	Bu to Passeular Infoloment one you
10. Usual occopation	Due to.
11. Industry or business    12. Name   Name   Ritenbours	Other conditions
12. Name	
14. Maiden name Nassy wirm deborco delle	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace	Dats of op.
18. Informati M. M. Ritteller	Autopsy results
Address Jottle and (Rust)	
17. Burkal, cremation, or removal. Which?)  Date thereo (mosth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Gemetery or crematory	Where did injury occur?
Location Caion and -	Injured at home, farm, lodustry, public place (where?)
18. Funeral director. Canada R. Grat	Means of Injury Injured at work?
Address North Early right	23. SIGNATURE T. M. Smight
19. Mary 20 19 46 HTreeser (Date regal by registrar)	Address Clelono - No. Date signed 5/18/4 (

MAY 22 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

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04758

#### CERTIFICATE OF DEATH

1			4
1	Reg.	Diat.	No

County  City or town Owledge City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town  (if outside city or town illmits, write RUKAL and give nearest town)  Street No  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Shumate	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. 19.46 at 2 4 1
6,(b) Name of husband or wife	and that I last saw h An alive on The gray 19 19 46 b  Immediate cause of death DURATION 48 60
9. Birthplace (Town, county, and state)  10. Usual occupation	Due to
13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace	(Include pregnancy within 3 months of death)  Majur findings of operations
16. Informant Televiel Survey Survey Moders  17. Durant Date thereof May 22/2 (Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	Autupsy results
Location Corrections Organist  18. Funeral director & Typer	Where did injury occur?
Address Pering Sun Mass 19 May 22 1946 Ammonthinight	23. SIDNATURE TO GRAND. Or other  Address. Warlington for Date signed 5 /2//46



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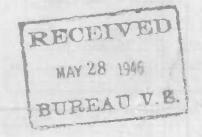
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

()4759 . Dist. No. 96

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Port Deposit, Rural	State Maryland County Cecil
City or town Port Deposit, Rural (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 50 years	City or town Port Deposit Rural (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Levi Evans Taylor	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male hite dowed	20. DATE DE DEATH 20. DATE DE DEATH 27 - PM
6.(b) Name of husband or wife largaret Jackson Taylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 45, to Nose 70 19 46
7. Birth date of	and that I last saw h. L. M. allve on
deceased (mo., day, yr.) July 16, 1864	Immediate cause of death D DURATION
8. AGE: Years Months Days it less than one day	Chronic Myocardites 10 yrs
81 10 6min.	A
9. Birthplace Port Deposit, Cecil Co., 1d. (Town, county, and state)	Due to.
10. Usual occupation Farmer, Retired	
	Due to
11. Industry or business	
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Josephine Linton	Major fiadings of operations.
14. Maiden name Josephine Linton 15. Birthplace Port Deposit, Md. Rural	Date of op.
16. Informant Willis J. Taylor	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Port Deposit, Md. Rural	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Burial Date thereof Nav 25, 1946 (month) (day) (year)	Accident, suicide, or homicide
A = 30 = 1 = 1	Where did Injury occur? (City or town) (Connty) (State)
demotory of cromatory	
Location Port Deposit, Id. Rural	Injured at home, farm, industry, public place (where?)
18. Funeral director all a Calfusson & Son	Means of Injury Injured at work?
Address Clerryville, Til.	K Man To X
AUDIESS COOPERATE OF A	23. SIGNATURE M. D. or other
19. May 25 19 46 Sprane E. Daugherts (Date rec's by registrar) Registrar	Address Port Sapar Md Date signed 5/23/46



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

#### CERTIFICATE OF DEATH

Rog. Dist. No. 92

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother)
County	mili Louis
City or town	State County County
How long in above place of dealh? My 5 Ormules	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death, occurred:	Street No.
May Dill a comme	(If rural, give LOCATION)
How long in hospital or institution? 45000000	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
agnes mease	2. none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
OT Stute midored.	20. DATE OF DEATH MAY 19 19 46 21 7: 130 M
6.(b) Name of husband or wite. William Weave	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of	and that t tast saw halive on
deceased (mo., day, yr.)  8 A.G.F. Years / Months   Days   If less than one day	Immediate cause of death
0. Add.	The state of the s
8 CP 7 /hrsmin.	The state of the s
9. Birthplace	Oue to.
XI.	
10. Usual occupation	Oue to
11. Industry or business	A Marina (1)
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maideo name	Major findings of operations
5 ts. Birthotace not brown	Oate of op.
No.: 64. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Antoney results.
16. Interment The Honor of the	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address M 21/GU/	22. VIOLENCE: ti death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?)  Date thereot	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Elblin Rural	Injured at home, farm, Industry, public place (where?)
O C TO	Means of injury Injured at work?
18. Funeral director	(1) Parlande 1160 odiced Emilia
Address Tach Cook, 12	23. (SIGNATURE M. D. or other
10 May 20 1046 FATrager	IN 1 1 11 ( See 11 Mar). Tray 6
(Date recal by registrar) Registrar	Address Date signed

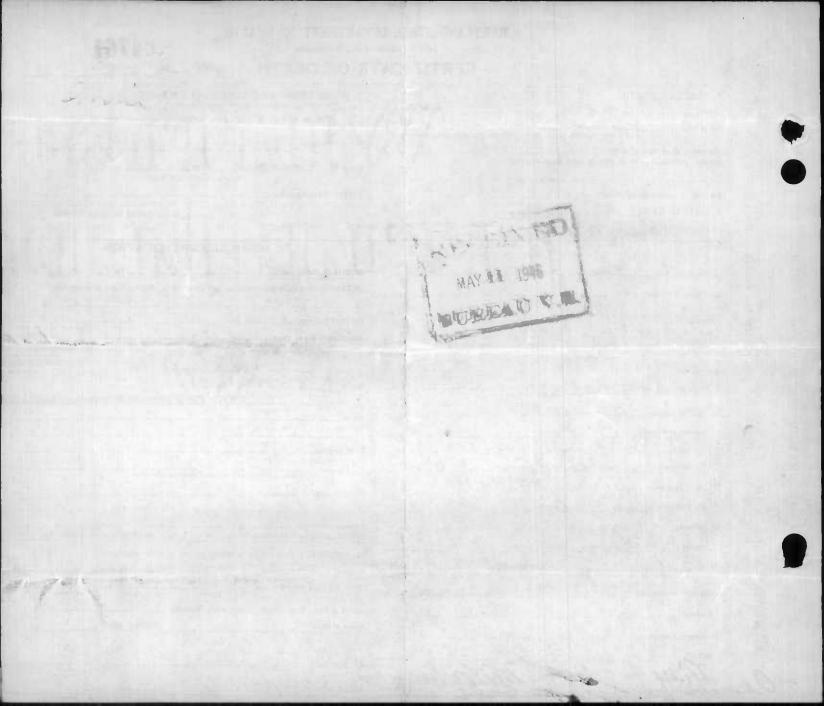
MAY 22 1946
BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

leg.	Di	at.	No		9	۷	
0	4	7	6	1	0	1	

8. AGE: Years Month? Days If less than one day  7. Mrs. min.  9. Birthplace Policy and state)  10. Usual occupation. Manufacture Policy and state)  11. Industry or business.  12. Name. Mail Conditions Policy and state)  13. Dirthplace Review Policy Active Policy and state Polic		EPARTMENT OF HEALTH  Cles St., Baltimore  TE OF DEATH  Reg. Dist. No. 95
3. (a) FULL NAME  4. Sex S. Dolor or race S. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION  FLEXAGE  5. (b) Hame of husband or wife. Sold Haller, give age years deceased (no., day, rr.) Queg (9, 874)  8. AGE: Vears Month Days If less than one day  7. Birth date of Month Days If less than one day  8. Birthplace Rose County, and state)  10. Usual occupation. Assume that the state of the state above shaled: that I state deceased (no., day, rr.) Queg (19, 874)  11. Indicatery or business.  12. Name Address Rose County of the state	County	City or town.  (If outside city or own limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
Second   White   Second   Se		
8. (b) Name of husband or wife	4. Sex 5. Dolor or race 5. (a) Single, married, widowed, or divorced  Hemale White	may a 116 110
Address  PHYSICIAN: Please underline the cause to which death abould be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, eulcide, or homicide	7. Sirth date of deceased (mo., day, yr.) Gug 19, 1874  8. AGE: Years Month Days If less than one day 7 hrs. min.  9. Birthplace	and that I last saw h lallye on 19
18. Funeral director	Address Pary Sun Md'  (Burtal, cremation, or removal, Which?)  Cemetery or crematory Sulf Market Mar	Autopsy results  PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, eulcide, or homicide
AUUTES CONTRACTOR OF THE PROPERTY OF THE PROPE	1 P. Talana,	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 93-d

#### CERTIFICATE OF DEATH

(14762 Reg. Diat. No. 96

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:					
County Cecil  City or town Perry Point, Md.  (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Worcester						
City or town(If or	itside city or town l	imits, write F	URAL and give nearest town)							
How long in above place	of death?	hr. 50	mts.	City or town	ts, write RURAL and g	ive nearest town)				
Hospital, Institution, or	street address where	death occurred	spital, Perry Poi	Street No. R.F.D. #2	ht					
How long In hospital or	institution? 1 h	r. 50	mts. Ma.	TARAT T	re LOCATION)	······································				
3. (a) FULL NAME					3. (b) Social Sec	curity Number				
W	ILLIAMS,				Unknow	n				
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	N				
Male	White		Married	20. DATE OF DEATH May	2 19	46 at 12:50A				
6. (b) Name of has land	wife Mildre	d P. W	illiams	21. I CERTIFY that death occurred on the date ab						
		6.(	c) If alive, give age? years	11 PM May 1 19						
7. Birth date of deceased (mo., day, yr		26, 188		and that I last saw himalive onMa	-					
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death						
58	11	6	hrs. min.	MYOCARDITIS, Chronic		unknown				
						***************************************				
9. Birthplace	Geriin, MC	county, and	state)	Due to						
10. Usual occupation	E a seuse se									
11. Industry or business	Paradae			Duc to						
		lliams		Bther conditions Asthma, Bronch	hial	unknown				
12. Kamo		Lin, Md				***************************************				
				(Include pregnancy within 3	months of death)					
14. Maiden name	Rerli	n, Md.	<u> </u>	Major fiadiogs of operations.						
16. Informant Reco	ords - Vet	s.Adm.	Hospital	Autopsy results						
Address	Perry Poi	nt. Md								
				22. VIOLENCE: If death was due to external ca						
17. Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory  Date thereof. May. 2, 1946 (month) (day) (year)  Evergreen Cemetery  Location  Berlin  Md.  18. Funeral director. MRS. JOHN BURBATE				Accident, suicide, or homicide						
							Means of Injury	Injured at worl	k? —	
				Address	Ber.	lin, Md		23. SIGNATURE	rp	Sm
10 Mary 2	19 46	In	me & Damply	23. SIGNATURE G. CLARKE, M	.D., Manage	T. D. or other				
(Date rec'd by reg	istrar)	**********	Registrar	Address VAH, Perry Point,	Md. Date	signed 5-2-40				

Williams Sound, IN. ni firefi . nata Geran I the state of the second section in the section in th ath a set in • belonger 1803.0E RECEIVED MAY 4 1946 BUREAU VA AN LIPER

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 2411 N. Charles St., Baltimore 107

#### CERTIFICATE OF DEATH

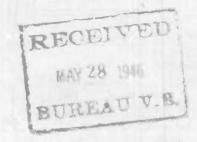
(14763 Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	200 0 - 0
City or town	State. County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Bursh Rote # 1
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	. 3. (b) Social Security Number
Janet, Elaine Will	come none
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jamale White Smale	20. DATE OF DEATH. May 19 19 16 21 F. 300 M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife.	5-18 1.46 1.5-19 1.46
7. Birth date of	and that I last saw helm allyo on 5-19 1946
deceased (mo., day, yr.) Curyust 28 17 45	Immediate cause of death
8. AGE: Years Months Days It less than one day	
8 21hrsmin.	Bilany
9. Birthplace Thto (Town, county, and state)	Bue to Dorollo mennia
10. Usual occupation	Build
11. Industry or business	Due to
# 12. Name Edward Marshall William	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name Kathun Mc Williams  15. Birthplace Controlle Ca	Major findiags of aperatiags.
\$ 15. Birthplace Coalsolle \a -	Date of op
16. Informant Solvered M. Williams	Aatopsy results.
Address Rising Sun # 1, Md-	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. Buril Date thereof May 23 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Rissing Sun R. B. 3 Marley d.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Assets R. Caract	Means of Jojury Injured at work?
2/ 10/6	Whatelas Onthe
Address Watth Lossy	23 SUBMITURE OF OWNER PURE
19. May 2/ 19.46 _ MMNThungton (Outer of d do registrar)	Address Lang Sun Mil Date signba 21-46
Wir reserved Jat -46	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



	ly.	
	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coise write the causes of death clearly and legibly.	
	Supply lease wri	
)	PLAINLY, WITH UNFADING INK. is especially important. Physicians: p	
	WRITE PLA	
14	PLEASE	

(H) MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

REUN'S			CERTIFICAT	re of death	Reg. Dist. No9	6
1. PLACE OF DEATH: County Cecil				2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of		
County City or town Veterans Administration Hosp Perry Poi (If outside city or town Hinits, write RURAL and give nearest town) Md.  How long In above place of dealth? 10 months 27 days  Hospital, Institution, or street address where dealth occurred:  Veterans Administration Hospital Perry Point  How long In hospital or institution? Same as above					Street	
3. (a) FULL NAME		WINGRO	OVE, David F.		3. (b) Social Security	Number
4. Sex	5. Color or race White		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	, at 8:55 A
8.(6) Name of husband or wife			c) If alive, give age	21. I CERTIFY that death occurred on the date at ully 4	45 . ю. шау 31 у 31	1946. 1946.
8. AGE: Years	Months 7	Days 18	if less than one day	Cerebral arterioscle	rosis Over	5 yrs.
9. Birthplace Baltimore, Maryland.  (Town, county, and atote)  10. Usual occupation It. Police Department  11. Industry or business				/b//// Thrombosis Diabetes Wellitu		1 week
12. Name				Other conditions Psychosis wi somatic diseases (Include pregnancy within 3	th other	l yr.
14. Malden name				Major findings of operations		
16. informant Hospital Records			ion Hospital	Autopsy results	which death should be charged	statistically.
Address Veterans Administration Hospital Perry Point, Md.  Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Baltimore National Cemetery				22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	Date of	
18. Funeral director William Cook, St. Paul & Preston Sts				Hajured at home, farm, industry, public place of Means of Injury	Injured at work?	
Address Ba	Itimore,	Marylai ( )	nd.	E. TROLLINGER, M.D.	Clinical Direct ration Date signed	5-31-46

distant spiral state of make cara hairnest approved by NN 2 1946 BUREAT V.E PROPERTY CONTRACTOR . May C Toy and Jon England THE RESIDENCE OF THE RE I , who had a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6/)

#### CEPTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother)		
County.	State Charles County & Lell		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or fown limits, write RURAL and give uearest town)		
How long in above place of death?			
Tunou Nushusal	Street No. (If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war.		
3.(a) FULL NAME Stace Miller	Moodrow 3. (b) Social Security Number		
4. See 5. Color or race 6.(a) Slogie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Temale winter Married	20. DATE OF DEATH. 5/29 19 4-6 at 14 FM		
8.(b) Name of husband or wife All Shall Sh	194.1 CERTIFY that deeth occurred on the date above stated; that I attended deceased from		
7. Birlh date of	and that I last saw b. Q.X. alive on J/29/46 18		
deceased (mo., dey, yr.) (ACC) ,	Immediate cause of death		
5-8 1 20	gargere of lugar too.		
9. Birthpiace Selly Wille (Town, county, and atate)	Due to Liobetes Mellitus Severo		
10. Usual occupation	Bue to. Jano.		
11. Industry or business			
12. Name Selvis W. M.	Other conditions		
₹ 13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden eame Alexander State of the State	Major findings of operations.		
15. Birthplace Parford CO, Mill.	Date of op.		
16. Informant May Jak Words Constitution	Autopsy results		
Address Part Wefrasit	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Bate thereof (Burial, cremation, or remoyal, Whichi)	22. VIOLENCE: Il death was due to exteroal causes, fill in the following:  Accident, suicide, or homicide		
1/24/1/201/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Where did injury occur?		
be to Angell yeld	(City or town) (County) (State)		
Location	Means of Injury Injury Injured at work?		
18. Funeral director de la			
Address Terryville, Use	23. SIGNATURE DO ONS MU		
19. May 30 16 46 FII Transco	23. SIGNATURE M. D. or other  Address of the control of the contro		

JUN 2 1946
BUREAU V.S.